

Pick-up Permission Form

Student name _____ Class _____

Please allow my child to leave school with the person(s) listed below:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please check one:

This permission is given for the entire 2009-2010 school year.

This permission is only for the following date(s): _____

Parent/Guardian Signature

Date